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Bib Data Sheet

CONFIRMATION NO. 3439

SERIAL NUMBER 10/786,299	FILING DATE 02/26/2004  RULE	CLASS 438	GROUP ART UNIT 2818	ATTORNEY DOCKET NO. M4065.0984/P984
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## APPLICANTS

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\*\* CONTINUING DATA ..... *None*

\*\* FOREIGN APPLICATIONS ..... *None*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 05/18/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<i>Calvin</i> Examiner's Signature Initials	STATE OR COUNTRY ID	SHEETS DRAWING 14	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 5
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## TITLE

Self masking contact using an angled implant

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